

APR - 5 2004

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Atty Docket No. 019411-001410US

PTO FAX NO.: 1 703 872-9306

ATTENTION: Examiner WHITE, Carmen D.  
TELEPHONE NO.:

Group Art Unit 3714

**OFFICIAL COMMUNICATION**  
**FOR THE PERSONAL ATTENTION OF**  
**EXAMINER WHITE, Carmen D.**

**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following document(s) in re Application of Ray Frankulin et al., Application No. 09/939,233, filed August 24, 2001 for PAGING SYSTEM AND LOCATION VERIFICATION FOR REMOTE ACCESS TO WAGERING SYSTEMS is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Document(s) Attached

1. Notice of Appeal
2. Fee Transmittal (2)
3. Petition To Extend Time (2)

Number of pages being transmitted, including this page: 6

Dated: 4/5/04



Lata Olivier

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San Francisco, CA 94111-3834  
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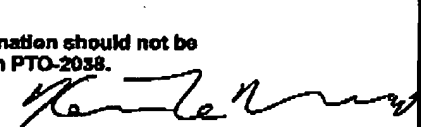
60154823 v1

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APR - 5 2004.

002/006

PTO/SB/31 (08-03)

<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional) 019411-001410US		
I hereby certify that this correspondence is being faxed to 1 703 872-8306 to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" on <u>4/5/04</u>	In re Application of <b>Ray Frankuln et al.</b>			
Signature _____  Typed or printed name <u>Lata Olivier</u>	Application Number <b>09/939,233</b>	Filed <b>August 24, 2001</b>		
For <b>PAGING SYSTEM AND LOCATION VERIFICATION FOR REMOTE ACCESS TO WAGERING SYSTEMS</b>				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Art Unit <b>3714</b></td> <td style="width: 50%; border: none;">Examiner <b>WHITE, Carmen D.</b></td> </tr> </table>			Art Unit <b>3714</b>	Examiner <b>WHITE, Carmen D.</b>
Art Unit <b>3714</b>	Examiner <b>WHITE, Carmen D.</b>			
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.				
The fee for this Notice of Appeal is (37 CFR 1.17(b)) <span style="float: right;">\$330.</span>				
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <span style="float: right;">\$.</span>				
<input type="checkbox"/> A check in the amount of the fee is enclosed.				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>20-1430</u> . I have enclosed a duplicate copy of this sheet.				
<input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.				
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>				
I am the				
<input type="checkbox"/> applicant/inventor.				
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95)				
<input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>35,933</u>				
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____				
<div style="text-align: right;">             _____            Signature         </div>		<div style="text-align: right;"> <u>Kevin T. LeMond</u>            _____            Typed or printed name         </div>		
<div style="text-align: right;"> <u>415 576-0200</u>            _____            Telephone number         </div>		<div style="text-align: right;"> <u>4/5/04</u>            _____            Date         </div>		
<b>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</b>				
<input type="checkbox"/> "Total of _____ forms are submitted."				

60184804 v1

PTO/SB/17 (10-03)

# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 750

## Complete if Known

Application Number 08/939,233  
 Filing Date August 24, 2001  
 First Named Inventor Franklun, Ray  
 Examiner Name WHITE, Carmen D.  
 Art Unit 3714  
 Attorney Docket No. 018411-001410US

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None
☒ Deposit Account:Deposit  
Account  
Number

20-1430

Deposit  
Account  
Name

Townsend and Townsend and Crew LLP

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) or any underpayment of fee(s)☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		1001	770	Utility filing fee	
		1002	340	Design filing fee	
		1003	530	Plant filing fee	
		1004	770	Reissue filing fee	
		1006	180	Provisional filing fee	

SUBTOTAL (1)

(\$)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims			
Multiple Dependent			

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		1202	18	Claims in excess of 20	
		1201	88	Independent claims in excess of 3	
		1203	280	Multiple dependent claim, if not paid	
		1204	88	Reissue independent claims over original patent	
		1205	18	Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2)

(\$)

\*\*or number previously paid, if greater. For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large	Entity	Small	Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65			Surcharge - late filing fee or oath	
1052	50	2052	25			Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130			Non-English specification	
1812	2,520	1812	2,520			For filing a request for reexamination	
1804	920*	1804	920*			Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*			Requesting publication of SIR after Examiner action	
1261	110	2261	55			Extension for reply within first month	
1252	420	2252	210			Extension for reply within second month	420
1253	850	2253	475			Extension for reply within third month	
1254	1,480	2254	740			Extension for reply within fourth month	
1255	2,010	2255	1,005			Extension for reply within fifth month	
1401	330	2401	165			Notice of Appeal	330
1402	330	2402	165			Filing a brief in support of an appeal	
1403	290	2403	145			Request for oral hearing	
1451	1,510	1461	1,510			Petition to institute a public use proceeding	
1452	110	2452	55			Petition to revive - unavoidable	
1453	1,330	2453	665			Petition to revive - unintentional	
1501	1,330	2501	665			Utility issue fee (or reissue)	
1502	480	2502	240			Design issue fee	
1503	840	2503	320			Plant issue fee	
1460	130	1460	130			Petitions to the Commissioner	
1807	50	1807	50			Petitions related to provisional applications	
1808	180	1808	180			Submission of Information Disclosure Sheet	
8021	40	8021	40			Recording each patent assignment per property (limits number of properties)	
1809	770	2809	385			Filing a submission after final rejection (37 CFR § 1.128(a))	
1810	770	2810	385			For each additional invention to be examined (37 CFR § 1.128(b))	
1801	770	2801	385			Request for Continued Examination (RCE)	
1802	600	1802	600			Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$750)

## SUBMITTED BY

Name (Print/Type)

Kevin T. LeMond

Registration No. (Attorney/Agent)

35,933

Telephone

415-576-0200

Signature

Date

4/5/04

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